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HYPERTENSION AND ADHERENCE TO THE THERAPEUTIC REGÍMEN IN PRIMARY HEALTH CARE

HIPERTENSÃO ARTERIAL E ADESÃO AO REGIME TERAPÊUTICO NOS CUIDADOS DE SAÚDE PRIMÁRIOS

HIPERTENSIÓN ARTERIAL E ADHERENCIA AL RÉGIMEN TERAPÉUTICO EN ATENCIÓN PRIMARIA

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ABSTRACT

Objective: empowering a person with high blood pressure for therapeutic adherence. **Method:** we conducted a descriptive study, cross-sectional with quantitative approach to diagnosis of the behaviors of adherence to therapeutic regimen in the Community of Comporta - Portugal. The sample was 61 hypertensive people, over 18 years old, who perform drug regimen, which also attend medical appointment of high blood pressure in health center and who agreed to participate by signing an informed consent. The questionnaire was the data collection instrument. **Results:** the studied population is as majority of female gender, married, low education, retired. The median is between 60-70 years old and most of them live with relatives. The dietary habits must change the level of fats and salt consumption. The analysis allows us to observe that medication adherence is high, but only 6% of the participants practice physical exercise and half of these walks and does hydro gymnastics. The results support the need to design community projects promoting health, and also the behaviors and lifestyles seems very important in the adherence. **Conclusion:** Therapeutic adherence is a focus of attention of nurses, covering aspects ranging from the organization of nursing appointment and outline minimum nursing data to develop strategies to ensure treatment adherence. We drew up the project "Intervening to Prevent" with the purpose of enabling the person with high blood pressure for adherence to treatment regimen, with involvement in education and therapeutic physical exercise programs. **Descriptors:** adherence; treatment regimen; hypertension; short minimum nursing data; nursing.

RESUMO

Objetivo: capacitar a pessoa portadora de hipertensão arterial, para a adesão ao regime terapêutico. **Método:** estudo descritivo e transversal, com abordagem quantitativa, realizado na comunidade da Comporta-Portugal. A amostra foi de 61 pessoas com diagnóstico de hipertensão arterial, que realizam regime medicamentoso, que aceitaram participarem no estudo mediante a assinatura do consentimento informado. A coleta de dados foi realizada por meio de formulário e os dados analisados no Intercooled Stata 9.2. Este estudo foi realizado de acordo com a Declaração de Helsinque que estabelece as normas fundamentais para a ética em pesquisa internacional. **Resultados:** predominância do gênero feminino, casado, baixa escolaridade, reformado. A média de idades situa-se entre a sexta e a sétima década, vive acompanhada de familiares diretos. Relativamente aos hábitos alimentares há que mudar comportamentos ao nível das gorduras usadas, bem como no consumo de sal. A adesão à terapêutica medicamentosa é elevada, mas apenas 6% dos participantes pratica exercício físico. A maioria dos participantes apresenta excesso de peso. Os resultados observados sustentam a necessidade de desenhar projetos comunitários de promoção da saúde, já que os comportamentos e estilos de vida parecem ser uma variável fundamental na adesão terapêutica. **Conclusão:** os resultados mostram que a adesão ao regime terapêutico é um foco de atenção dos enfermeiros, desde a organização da consulta de enfermagem, resumo mínimo de dados de enfermagem, até ao desenvolvimento de estratégias para garantir adesão ao regime terapêutico. Desenhou-se o projeto "Intervir para Prevenir", para capacitar a pessoa portadora de hipertensão para a adesão, com intervenção na educação terapêutica e no programa de exercício físico. **Descritores:** adesão; regime terapêutico; hipertensão arterial; resumo mínimo de dados de enfermagem; enfermagem.

RESUMEN

Objetivo: capacitar a la persona con hipertensión arterial, para su adhesión al régimen terapéutico. **Método:** estudio tipo descriptivo, transversal, con un abordaje cuantitativo, realizado en la comunidad da Comporta-Portugal. La muestra fue de 61 personas con diagnóstico de hipertensión arterial, que realizan régimen medicamentoso, que aceptaron participar en el estudio mediante la firma del consentimiento informado. Se utilizó un formulario como instrumento de recogida de datos, que fueran analizados por Intercooled Stata 9.2. **Resultados:** la población se caracteriza por un predominio de mujeres, casadas, con baja escolaridad y jubiladas. La media de edad se sitúa entre los sesenta y setenta años. Viven acompañados de familiares directos. En relación a los hábitos alimenticios se verificó la necesidad de cambiar comportamientos a nivel de las grasas usadas para guisar así como en el consumo de sal. El análisis de los datos nos permite observar que la adhesión a la terapéutica medicamentosa es elevada, pero apenas 6% de los participantes practican ejercicio físico. La mayoría de los participantes presentan exceso de peso. Los resultados obtenidos sustentan la necesidad de elaborar proyectos comunitarios de promoción de la salud, ya que los comportamientos y estilos de vida parecen ser una variable fundamental en la adhesión terapéutica. **Conclusión:** la adhesión debe ser un foco de atención de los enfermeros, albergando aspectos que van desde la organización de la consulta de enfermería y el resumen mínimo de datos de enfermería, hasta el desarrollo de estrategias que garanticen la adherencia al tratamiento. El proyecto "Intervenir para Prevenir" tiene el objetivo de capacitar al individuo con HTA para la adherencia al régimen terapéutico a través la educación terapéutica y en el programa de ejercicio físico. **Descritores:** adherencia; régimen terapéutico; hipertensión arterial; resumen mínimo de datos de enfermería; enfermería.

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INTRODUCTION

Over the past 50 years, scientific advances have contributed to a significant increase in life expectancy, however, coupled with the fact that they live longer, the adoption of unhealthy lifestyles have contributed to an exponential increase in chronic diseases.

The Primary Health Care (PHC) is the component of health services that have contributed to improve the situation of the world, whether in developed or developing countries. In this context it is essential to continue to invest in strategies of CSP and Portugal's reference as a good example to follow for the successes achieved in improving the health of the populations.¹

The main causes of avoidable morbidity and mortality are related to individual and collective behavior and respective determinants, particularly those related to health literacy of the individual or of the community.

The Health Ministry in line with current policies for the promotion and protection of health has recommended and promoted multidisciplinary actions in CSP, such as combating arterial hypertension (HT).

Constitutes the risk of cardiovascular factor the most common correctable, its treatment and control assumes central importance in preventive strategies, so that it recognizes the importance of acquiring healthy habits.

Hypertension is defined as the persistent elevation in several measurements at different blood pressure (SBP) greater or equal to 140 mmHg and / or diastolic blood pressure (DBP) less than 90 mmHg for people equal or older than 18 years old.²

All adults, especially the obese, diabetics and smokers, or with a history of cardiovascular disease in the family, should assess their BP at least once a year. Depending on the etiology can be identified two categories, essential hypertension or primary and secondary.

The major barrier to BP control is non-adherence to therapy, making major public health problems in the world, which urges to know the size. The problem that results from poor or non-compliance, "has been neglected for a long time, but now the target of an increasing attention by the scientific community, health professionals, politicians and leaders, due to the negative impact that this problem for the health system"³⁻⁵, so for a good adherence to treatment is the result of

an multidisciplinary approach.³⁻⁶

Adhesion can be characterized as an individual's behavior, and consists not only in follow a pharmacological treatment, but implies a balanced diet, exercise, abandoning risky behaviors and attend consultations.⁴⁻⁶

As the lifestyle is an important determinant of health, which may take a greater role as the care provided by professionals in the treatment and / or control of several diseases, educate people about the effectiveness of treatments can be a way to improve their adherence behavior. The Health Education is part of efforts to prevent disease, promote health and optimize treatment. Accept and fulfill all the proposed treatment plan or most of the time imposed by health professionals is not always easy what often leads to poor adhesion and a difficulty in the management of therapeutic regimen. It therefore needed a biopsychosocial approach that views the person with hypertension, as an active partner in treatment regimen. The great difficulties, either by patients or their families, relate to the acceptance of the disease and the ability to effectively manage the therapeutic regimen proposed, which would result in poor adhesion with the consequent deterioration of health status and the individual, social and economic repercussions.

Regarding negative aspects considered in the assessment of treatment adherence, health professionals seek to explain non-compliance with stereotypes related to the personality of the patients, ranking them of non cooperate, they lack motivation or have an inability to follow the recommended instructions. However, the term you want to avoid a trial membership, so as not guilty the patient, the prescriber or the treatment regimen and involves an agreement, negotiations on the treatment and care provided hereinafter, between the person and care provider.⁴⁻⁶

In this line, to help the person with hypertension to manage their treatment regimen effectively and independently, making conscious that it HTA belongs to its present and its future, enabling it to face the changes as an investment in their health, interventions of nurses are privileged.⁷ The strategies that combine behavioral and educational interventions are most successful in increasing rates of adherence than each of those individually.

Nursing care take a strand of great importance, because the trust relationship

established is essential to nursing care, which are provided to the individual, customized, and allows adequate knowledge before each person and depending on his own.⁸

The current context of the practice of nursing care increasingly demands that professionals are able to take ownership of the profession instruments and with them, orient their practice. This frame of reference guides and demands an adequate decision making, supported by the prescribing autonomy of nursing interventions.

In Portugal, the Order of Nurses (OE) recommends that the ICNP ® is the instrument for systematizing the care of the person, family and community because it allows the definition of quality indicators, with visibility of earnings in health related to the care of the nursing.⁹ Of this particular, in all areas of nursing practice, nurses collect data continuously, set goals, plan interventions and evaluate the impact of their intervention on the health of individuals and communities.

The nurse, as a member of the multidisciplinary group, has very important responsibilities in monitoring the HTA, namely: to perform nursing consultation, whose focus is centered on the management of therapeutic regimen, self monitoring, self management and therapeutic education. Teaches about the pathophysiology of the disease, the drug regimen and about personal and familiar life habits. Monitor BP, body mass index (BMI), heart rate, compliance with the National Vaccination Plan, the appointments and the core of the missing people.

Focusing on adherence to treatment regimen, the initial assessment should be oriented so as to obtain as much knowledge as possible about the person, family and social context where it belongs.

The concept of Minimum Resume Nursing Data (EDMR) emerges as a guide for OE for documentation of daily nursing care in order to measure the gains in health care sensitive to nursing. Arise in the form of indicators, which would enhance the quality of care. In the type of information you should get, should be included in health promotion and adherence to therapy, self-care, the functional rehabilitation and prevention of complications. In the case of the CSP shall be calculated by user / period.¹⁰

For the person living with hypertension, takes place in the everyday of your daily life, and therefore must it be the key player in managing their disease, which forces you to go through a learning process, aimed at their

autonomy, learning to treat herself and adhere to the regimen. At present, it is assumed by the scientific society that, to increase the knowledge of the person, providing the appropriate information about the disease, leads to a higher probability of inducing the adoption of healthy lifestyles.

Emerges from this analysis, the concept of empowerment, which represents a process of acquiring knowledge and skills by the part of the people and empowers the individual with the resources they need to take personal decisions about their self-care.¹¹

The emerging dimensions of the empowerment identified by nurses as important are the Partnership, the Availability and Giving Information.¹²

This approach overcomes the temptation to paternalistic attitudes of overprotection and the decision ceases to be unilateral on the part of the professionals. The goal is to empower people with hypertension and their participation at a level of equality with the technical perspective of a partnership. This paradigm shift requires a change in attitude of the professionals, especially in relation to power sharing and the recognition of the capabilities of the person with hypertension.

To plan health implies currently working effectively with other sectors of the community, articulate and establish partnerships to promote literacy and training, with recourse to the involvement and participation of people and local structures.

The health literacy lies in the set of cognitive, social and capacity of individuals to gain access to understand and use information to promote and maintain health, being crucial to achieve the centrality of the citizen in the health system, as well when it is aimed a healthy, happy and productive society. This will involve joint all community resources, highlighting health as a positive concept, which has a special contribution through individual empowerment and communitarian.¹⁴

Given the specific skills of specialist nurses in Community Nursing, it is considered good practice, the definition of an intervention project to enable the person with hypertension, for the adherence to the therapeutic regimen.

Adherence to the therapeutic regimen is a type of management of the therapeutic regimen to the specific characteristics "play activities to meet the therapeutic requirements of health care, acceptance of the prescribed course of treatment as a provider of care or

supportive”.^{15:58}

Are understood in the management of hypertension, such as health-promoting behaviors, the adoption of a healthy diet or a diet appropriate to his health condition, regular exercise, health monitoring, and compliance with prescribed medication regimen. Care gain a new intentionality, presenting objectives, promoting self-care, the health-seeking behaviors to adapt to new lifestyles. The behavior of health promotion is the end result of any intervention, ie the behavior that leads to gains in health outcomes.

METHOD

Thus, the present study aims to determine the EDMR for nursing consultation in Risk Group HTA; the Therapy Education of the person from which emerge the HTA shares with the dietitian about diet and physical exercise in conjunction of sports coaches of the community.

It was realized a study of the described type, cross-sectional, with quantitative approach in order to make the diagnosis of the situation faced to adhesion behaviors to the therapeutic regimen, of the person with hypertension. The study took place at the Unity Health Care Card from Alcacer do Sal, in the Holds, where 225 people are identified as having hypertension, which take 17.8% of the population enrolled. The population participating in the study is composed of 61 people with hypertension. Were considered as criteria for inclusion in the sample: those with a diagnosis of hypertension who perform a drug regimen, which frequent the consulting of HTA extension of health with age over 18 years old and who agreed to participate in the study by signing the informed consent.

As a method of data collection in nursing consultation, was selected the form. Data collection was accomplished in the period from the 1st August 2011 to 30th September 2011. Were conducted simultaneously to evaluate BP, weight and height to calculate BMI [weight (kg) / height (m) 2]. The instrument is divided into two parts: the first aims to characterize the sample's point of view by focusing on the following sociodemographic variables: age, gender, education, employment status, household components. The second included questions related to lifestyle: nutrition, exercise and taking medications. To undertake the analysis of the obtained results, was used a descriptive analyzes of the application, and

simultaneously its interpretation. The descriptive statistics analyzes univariate and the statistical tests between pairs of variables were performed with Intercooled Stata 9.2 for Windows and multivariate data analysis of the form data was performed by the method of Multiple Correspondence Factor Analysis (MCFA).¹⁷

Regarding knowledge about diet, intended to obtain information if the person has knowledge about the type of diet that should be done in the presence of HT. Related to the physical exercise, it is intended to determine if the person carries some exercise, as it is usually recommended in nursing consultation. Adherence to therapy was assessed by Measure Treatment Adherence (MAT). While so far, allows registration of data on seven variables on the patient's behavior in face of adherence to medication regimen, assessed using a Likert scale with 6 options. The higher the obtained price for each question and / or global, the greater the person's adherence to the medication regimen.

RESULTS AND DISCUSSION

- The results are shown in percentage data, followed by discussion.

The studied population is characterized by a predominance of female gender, married, low education, reformed. The median of ages is between the sixth and seventh decade. It is noted also a tendency to increase with age HT, observing a minimum prevalence of 3.2% in the group with less than 44 years old in males and 2.6% in females, which shows the importance of starting measures of therapeutic education as early as possible. At the same time there is a maximum prevalence of 61.5% between 70 and 74 years old, and 57.7% between 75 and 79 years old.

Most of the participants, 85.25%, live accompanied by direct relatives. However, it is noteworthy that 14.75% of the participants live alone.

On the other hand, 65.57% of the respondents obtained information about the existence of HTA consultation by the nurse.

The relationship with health professionals influenced adherence because they have not only a role support, but also educational in that the quality of interaction is perhaps the most striking reason in adhesion, because hardly a person with a chronic illness follow a therapeutic regimen if does not know or trust the professional with ongoing therapeutic relationship.

The analysis of BMI was characterized by 57% of participants presenting overweight and 19% obesity grade I. As for BP control, it was found that 49% of participants have the SBP above the reference values ie> 140 mmHg, and 39% DBP> 90 mmHg. With regard to lifestyle, 54.1% of the population is not changed habits of life, although 45.9% have already done. With regard to measures adopted after 62.3% said that as it takes to control the HTA is the medication. It should also be noted that 42.62% reported that reduced salt and 37.7% reduced fat intake.

It appears that about 82% of the respondents use olive oil, both for cooking and to season foods, yet still followed by fat with 19%. For about 47% of respondents the most commonly used type of confection is grilled, followed by stuffed with about 33%.

When asked whether they considered that the change of habits positive changes HTA, 52.46% of the participants stated that no, the remaining 47.54% reported yes. For the latter, 82.76% reported that changes in habits interfere with hypertension due to decreased cardiovascular risk, while 17.24% states that it is due to other reasons. Only 6.56% of the participants exercise hard, and of these, 50% do walking and 50% do gymnastics. Specifically the exercise is understandable that older people feel more difficulty in their practice. Participants are chronic users of at least one drug, whose average is located in the 3.83, having as maximum value 12 drugs. The side effects of medication and polypharmacy may be responsible for non-compliance of behavior, especially if they interfere in the quality of life of the person.²¹

The analysis also enables us to observe that the measure through MAT is high, as 50% of the patients have score (equal to or) greater than 5.14 (which is the median of the Score), ie half of the participants reported that they take medication as prescript.

It was also found that participants in this study reported good adherence to the various aspects of the therapeutic regimen, except for physical activity, results that run counter to other studies. The educational factor, combined with more sedentary lifestyles and enhanced by the high age of the sample, may contribute to low adhesion.²²

These results contradict arguments that suggest that older people have more feelings of guilt and adopt health behaviors and greater adherence to the treatment. The discrepancy between having information about the disease and treatment and control

the PA points to the essential difference between knowledge and adherence. While knowledge is rational, adherence is a complex process involving sociodemographic factors, emotional and concrete barriers, of practical order. The variable gender, despite being frequently assessed, has not shown a consistent relationship with the degree of therapeutic compliance.²³ Due to the age, if the noncompliance is always a recurring problem in all age groups, some authors report that, with the advance of the years, it tends to become more acute, looming also globally due to an aging population.

Widely recognized in the literature, socio-economic factors have been identified as very important predictors of adherence. Also the low level of education, but especially low income, unemployment or lack of job security can be significant barriers to effective adherence. Apart from the difficulty in purchase drugs for economic reasons, other conditions that would hinder their acquisition can be listed, on which stand the isolation, lack of family support, geographical distance from the pharmacy and health care units, which require additional costs due to distances to perform.²⁴

The data from this study revealed important aspects about the characteristics of the person with hypertension and should be considered in the analysis of treatment adherence. Quantifying treatment adherence is not an easy task. The knowledge about the disease and treatment is a variable to be considered in the context of accession, as well as lifestyle. Data from several studies show that generally the person with hypertension has information about your health problem, but does not include information on their lifestyles and BP is not adequately controlled. The study results are shown in Table 1.

The observed results support the need to design community projects to promote health, as the behaviors and lifestyles seem to be a key variable in the therapeutic adherence.

So was drawn up the project "Intervening to Prevent" for the purpose of enable the person with HTA for adherence to the therapeutic regimen. From the theoretical result of the problem area some key ideas that help us define the purpose for which it directs the project. The first phase of the project was guided by two strategic objectives, one oriented towards the implementation of nursing consultation to the person with hypertension, integrated with the medical consultation, due to the design of good practice in cardiovascular health of the

group of health centers in the Alentejo coastline, 25 and the other to define the EDMR that made possible such purposes. This phase took place between June and September of 2011 and founded on the intention to develop a model of complementarity and management of nursing data that can be useful in the context of practical action, by the production of promoting information systems of continuous improvement of the quality of the professional practice of nurses.

Also the subject of nursing records, common to all nurses, reveals the importance of the care process. Continuously collecting data, set goals, plan interventions and evaluate the impact of its intervention in the health of individuals and communities is a daily practice in all areas of nursing.

Following the previous paragraph, we defined the following EDMR based on ICNP ® 1.0, for the hypertension risk group that presents itself in Tables 1,2,3,4 respectively.

Table 1. Group Risk Hypertension - acceptance of health

Focus	Nurse Intervention
Acceptance of health	Support the take of decision
	Provide services in the community
	Encourage the expressive communication of emotions
	Encourage the interaction of roles
	To teach about strategies of adaptation
	To teach about providing services in the community
	To teach about health services
	To make easy the expressive communication of emotions
	To make easy the familiar support
	Identify with the person previous strategies of effective adaptation

Table 2. Group of Hypertension Risk - Adhesion focus to the therapeutic regime

Focus	Nurse intervention
Adhesion to the Therapeutic Regime	To attend the person identify the reason to not adhere to the therapeutic regime
	Praise the adhesion to the therapeutic regime
	Praise the taking of decision
	Encourage the taking of decision
	Promote the adhesion to the therapeutic regime
	To encourage the dynamic relation with people with adhesion to therapeutic regime
	Negotiate the adhesion to the therapeutic regime
	Guide for health services

Table 3. Group of Hypertension Risk - Focus Self Management of Medications

Focus	Nurse interventions
Self management of Medications	Praise the learning of habilities
	To teach about self management
	To teach about the disadvantages of self medication
	To teach about the medicative regime
	Encourage for the taking of the medication
	Instruct about how to self-administrate the medications
	Provide a dispositive which makes easy the effective gestion of the medication
	To train how to self-administrate the medications
	Verify the learning of the habilities

Table 4. Group of Hypertension Risk - Focus the Management of the Therapeutic Regime

Focus	Nurse interventions
Management of the Therapeutic Regime	To teach about complications of the ineffective therapeutic regime
	To teach about the physiopathology of the illness
	To teach about the management of the therapeutic regime
	To teach about eating habits
	To teach about exercises habits
	To teach about the medication regime
	Provide reading material about therapeutic regime
	Promote physical activity
	Encourage healthy eating habits
	To guide for health services
	To guide for Community services
	To plan a diet

Table 5. Group of Risk Hypertension - Hypertension-Focus

Focus	Nurse interventions
Hypertension	Monitorize heart rate
	Monitorize corporeal mass indice (IMC)
	Monitorize corporeal weight
	Monitorize abdominal perimeter
	Monitorize arterial tension

With base in the RMDE previously defined, were selected the indicators that are intended to measure the level of care and health and the gains in health sensitive to nursing care, which would enhance the quality of care, and develop the respective identity cards. They will be evaluated annually.

- % People with hypertension program associated in nursing consultation
- % People with demonstrated knowledge about management of therapeutic regimen
- % People with adherence to the demonstrated therapeutic regimen
- % People with demonstrated knowledge about medicative regimen
- % People with demonstrated knowledge on eating habits
- % People with demonstrated knowledge about exercise habits
- % People with controlled blood pressure (systolic <140 mmHg / <90 mmHg), at the last measurement.
- % People with behaviors demonstrated in health seeking% Persons of registered body mass index in the year
- % Of people with the National Plan of Vaccination updated (Td).

The relevance of aspects of health such as adherence to therapeutic regime, comes from the meaning that the Prevention of complications assumes under the descriptive statements of the quality of professional practice of nurses.

The identification, as soon as possible, of the potential problems of the person with hypertension, for which the nurse is competent (according to their social mandate) to prescribe, implement and evaluate interventions which help to avoid or minimize

these same problems or minimize the undesirable effects.²⁶ Resets the issue in the context of acquiring knowledge and skills on the part of their own or their informal caregivers, to prevent the occurrence of unanticipated problems.

Thus, more than control signs or symptoms of disease, the focus of attention challenge to the development of care practices aimed for promoting active behaviors of individuals, in the transitions that the processes of health offered, envisaging nursing as a human science, with a practical orientation, focused on promotion of health projects of each person. In this context, one of the purposes of therapeutic education, is to conduct the person into a process of autonomy and accountability for their treatment.

It is fundamental to the health professional identify which is the locus of control of the person with hypertension, is an internal locus of control in which the person tends to take responsibility for their treatment or it is an external locus of control in which the responsibility is always assigned to health professionals.

The daily management of chronic illness should mean that a person directly controls their disease, but the autonomy process, must be worked and guided gradually to allow the person to feel comfortable with that same autonomy.

Thus arises the second phase of the project, guided by two strategic objectives, one directed to food education and one for the physical exercise program, presented below in Table 4.

Table 5. Overview of Phase II of the project: Nutrition Education and Physical Exercise Program

Draws	Therapeutic Education	Physical Exercise
Theme 1 Theme 2	Eating and Blood Hypertension, which relation? Choices of foods at HTA	Exercises on the floor Exercises in Water: Hidrogymnastics
Objectives	To know HTA and the main complications To understand the existence relation between HTA and eating To understand the importance of salt control, fats, sugar, alcohol and caffeine To know how to read the labels of the eating products To understand the importance of the adhesion to the Therapeutic Regime	Increase the systolic volume Reduce the vascular resistance Decrease the FC of rest Increase the cardio respiratory capacity To keep or increase the force, muscle tone
Responsible	Nurses, Doctors, Dietitians of the reference Hospital	High Technitians of Sport of Municipality
Context	Reunion Room	Gymnasium, Covered Swimmingpool
Group Periodicity	Groups of 10-15 People 2/2 Months, beginning in January, suspends in August/December	Groups 10-15 People From October to June, twice a week

CONCLUSIONS

The goals set for the design of intervention in the context of accession to the therapeutic regimen of the person with hypertension, reinforced the collective consciousness of the health team on the responsibility for projects of this nature.

Will certainly have an impact on the level of organization of nursing care, raising questions about the positions facing to the changes of nurses operated with the information systems and to the level of quality of life of people suffering from hypertension.

The decision to ensure the aims of the intervention model, by the relationship which holds with its structure on the one hand, and the consensus generated by the various community partners around the need for information to promote health gains for the other, dimensions the cares which are said, with property, sensitive to the quality of the professional practice of nurses. In this framework, improve the health of all citizens is one of the ultimate goals of the National Health Service, so the factors that determine and influence the health of a population are dynamic, systemic and complex and must develop strategies to be integrated and complementary.²⁷

Given the complexity that involves the addressing of this phenomenon, it is also essential to invest in the training of health professionals, since they must be encouraged to increase skills to work together with adherence to the person with HTA and his family, by that academia should appreciate this area of knowledge²⁸, at graduate and post graduate level.

Intervention strategies on adherence to the therapeutic regime, should be aligned

between the various community partners in order to enable people with hypertension for adhesion, with sometimes significant changes in lifestyle.

We also verified without surprise that the adhesion is weaker, in diet and exercise, which are those that require a major change in lifestyle.

It is important to promote the contact with other people in similar situations, allowing the sharing of experiences, especially taking advantage on the participation of people who have a positive experience in the process of accepting the disease and the proposed scheme, thus, a sample / positive reinforcement for people who present more difficulty in manage the therapeutic regimen in HTA.

To this end the health education, reveals itself as a key resource in the therapeutic education, promote of compliance behaviors, supported and validated by research.

Thus, this project can be a pretext or the starting point for the realization of other researches aiming the continuous improvement of quality of nursing care provided in the context of Primary Health Care.

In this regard Sakellarides^{29:102} states that:

The primary health care happen every day: when ordinary people learn or do something useful for their health and to the closest to them, always communicating with someone able to listen to them and support them on their doubts, fears, fantasies, anxieties, preferences or health needs.

It follows from the discipline of nursing that nurses have, for the central focus, interpersonal relationships, or else, to help people to experience significant aspects of their life / health, or due to events in acute or chronic stage of the life cycle, ie transitions in health and disease, in particular,

whose focus is the nursing HTA.

Nurses are a resource facilitator of this transition, providing on the one hand, individual provisions necessary to change, on the other hand, increasing the attainment through learning processes, allowing seamless integration of the new condition of health of the person.³⁰

REFERENCES

1. World Health Organization. Cuidados de Saúde Primários Agora Mais que Nunca. Relatório Mundial de Saúde 2008 [cited 2011 Nov 11]. Available from: http://www.who.int/whr/2008/whr08_pr.pdf
2. Portugal. Direção Geral de Saúde. Circular Normativa 020/2011 de 28/09/2011, Lisboa; 2011.
3. Bugalho A, Carneiro AV. Intervenções para aumentar a adesão terapêutica em patologias crónicas. CEMBE-FML. Lisboa; 2004.
4. Villaverde C, Silva, P. A adesão à terapêutica em Portugal: atitudes e comportamentos da população portuguesa perante as prescrições médicas. Associação Portuguesa da Indústria Farmacêutica [Internet]. Apr 2010 [cited 2011 Mar 10]. Available from: <http://www.acs.min-saude.pt/pns2011-2016/files/2010/08/apifarma.pdf>
5. Joyce-Moniz, L.; Barros, L. Psicologia da doença para cuidados de saúde. Desenvolvimento e intervenção. Porto: Edições ASA; 2005.
6. Haynes, B. Patient Adherence: The Missing Link [Internet]. 2006 [cited 2011 Mar 10]. Available from: <http://www.medscape.com/viewarticles/536392>.
7. Cavaleiro, S. Importância da nutrição e dos estilos de vida saudável no hipertenso. 5ºcongresso Português de hipertensão. Notícias Diárias. Fevereiro 2011;3-7.
8. Amendoeira, J. Enfermagem, Disciplina do Conhecimento. Coimbra. Revista Sinais Vitais: 2006; (67):19-27.
9. Portugal. Ordem dos Enfermeiros. Sistema de informação e documentação de enfermagem. Revista da Ordem dos Enfermeiros. 2005; (17):9-10.
10. Portugal. Ordem dos Enfermeiros. Sistema de Informação de Enfermagem, Resumo Mínimo de Dados e Core de Indicadores de Enfermagem. Repositório Central de Dados da Saúde. Lisboa; 2007,1-16.
11. Silva I, Ribeiro, JP, Cardoso, HÁ. Abordagem do empowerment na doença crónica. Perspetivas em Psicologia da Saúde. Coimbra: Quarteto Editora; 2006.
12. Pereira, S. Abordagem do risco cardiovascular no doente hipertenso. Acta Med Port On Line [Internet]. 2010 [cited 2011 Nov 29]. 23(2):223-226. Available from: <http://www.actamedica.com>.
13. Santos, O. Literacia em saúde interações com motivação e mudança comportamental no controlo do peso corporal. Departamento do Instituto de ciências sociais [artigo na internet] 2011 [cited 2011 Dec 3] Faculdade de Medicina do Porto. Available from:http://onocop.pt/conteudos/documentos/Osvaldo_Santos_Literacia_em_obesidade.pdf.
14. World Health Organization. Life in the 21st century A vision for all. Relatório Mundial [Internet]. Geneva: 1998 [cited 2011 Nov 26]. Available from: http://www.who.int/whr/1998/en/whr98_en.pdf
15. CIPE® Classificação Internacional para a Prática de Enfermagem: Versão 1.0.Geneva, Copyright© by ICN - Internacional Council of Nurses, ISBN: 92-95040, Edição Portuguesa: Ordem dos Enfermeiros; 2006;36(8):82.
16. Sousa AJ, Sousa PA. 7.12. CVRM/IST. Lisboa; 2000.
17. Benzécri JP. L'analyse des données, I, La taxinomie, II, L'analyse dès correspondances, Paris; 1973.
18. Delgado A, Lima M. Contributo para a validação concorrente de uma medida de adesão aos tratamentos. Psicologia, Saúde e Doenças: 2001;(2):81-100.
19. World Health Organization. Cuidados inovadores para condições crónicas Componentes estruturais de acção. Relatório Mundial. Geneva; 2002.
20. Enriquez M, Lackey NR, O'Connor MC, McKinsey D. Successful adherence after multiple HIV treatment failures. Journal of Advanced Nursing. 2004;45:438-46.
21. Arrazola MS, Lerma DG, Garrido, JMM, Ramirez, AA, Ogáyar ML. Atención de enfermería en el cumplimiento terapéutico. ROL Enfermería. 2002; 25: 70-4.
22. Klein JM, Gonçalves AA. Adesão terapêutica em contexto de cuidados de saúde primários. Psico-USF. 2005; 10 (2):113-20.
23. Sarafino, E. Health psychology. Biopsychosocial interactions. 4ª ed. New York:

Jonh Wiley; 2002.

24. World Health Organization. Adherence to long-term therapy: evidence for action. Non communicable Diseases and Mental Health Adherence to long-term therapies project [Internet]. Jan 2003 [cited 2011 May 4]. Available from: http://www.who.int/chp/knowledge/publications/adherence_report/en/

25. Agrupamento dos Centros de Saúde do Alentejo Litoral. Projecto de intervenção em saúde cardiovascular. ACESAL: Conselho Clínico ACESAL; 2011.

26. Ordem dos Enfermeiros. Padrões de Qualidade dos Cuidados de Enfermagem. Enquadramento Conceptual. Enunciados descritivos. Lisboa: Ordem dos Enfermeiros, Conselho de Enfermagem; 2011.

27. Portugal. Ministério da Saúde, Direcção-Geral da Saúde. Plano Nacional de Saúde 2011-2016: Estratégia para a saúde. Enquadramento - Versão de discussão; 2011. p.5.

28. Nóbrega ESL, Medeiros ALF, Leite MCA. Atuação do enfermeiro no controle da hipertensão arterial em unidades de saúde da família. Rev enferm UFPE on line [Internet]. 2010 Jan/Mar [cited 2011 Dec 3];4(1):45-55. Available from: http://sumarios.org/sites/default/files/pdfs/32140_4138.PDF

29. Sakellarides, C. De Alma-Ata a Harry Potter: um testemunho pessoal. Revista Portuguesa de Saúde Pública. Lisboa; 2001;(2):101-8.

30. Meleis, A.I. Theoretical nursing: development and progress. 3^a ed. Philadelphia: Lippincott Williams & Wilkins; 2005.

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